



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Wariar et al.  
Appl. No.: 09/888,154  
Conf. No.: 8167  
Filed: June 22, 2001  
Title: "NEEDLE DISLODGMENT DETECTION"  
Art Unit: 3761  
Examiner: Patricia Bianco  
Docket No.: DI-5739 (112713-131)

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

Examiner:

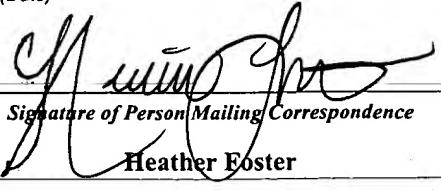
In response to the non-final Office Action dated September 29, 2005, please amend the above-identified patent application as follows:

**Amendments to the Specification** are reflected on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 9 of this paper.

IRV 3761

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>DI-5739 (112713-131)</b>	
Applicant(s): <b>Wariar et al.</b>		DEC 12 2005 PTO-146 TRADEMARK				
Application No. <b>09/888,154</b>	Filing Date <b>June 22, 2001</b>	Examiner <b>Patricia Bianco</b>	Customer No. <b>29200</b>	Group Art Unit <b>3761</b>	Confirmation No. <b>8167</b>	
Invention: <b>NEEDLE DISLODGMENT DETECTION</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	29 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>02-1818</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 <i>Robert W. Connors</i> <i>Signature</i>		Dated: <b>December 8, 2005</b>				
<b>Robert W. Connors</b> <b>Reg. No. 46,639</b> <b>Customer No. 29200</b>		<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>December 8, 2005</b>.</p> <p style="text-align: center;">(Date)</p> <p>  <i>Heather Foster</i>  <i>Signature of Person Mailing Correspondence</i></p> <p><i>Heather Foster</i>  <i>Typed or Printed Name of Person Mailing Correspondence</i></p>				
cc:						